

Prospect Instructional Camps

At the Max (McCook Athletic Exposition Center)

Two Camp Dates

Open to All High School Players

Colleges coaches that will be instructing include:

Position Players Camp

Saturday, January 23

9:00am-12:30pm

- University of Kentucky
- University of Notre Dame
- University of Maryland
- University of Iowa
- Bradley University
- University of Illinois

For Infielders, Outfielders,
Catchers and Hitters

Advanced Pitchers Camp

Saturday, January 30

9:00am-12:30pm

- University of Notre Dame
- University of Illinois-Chicago
- Bradley University
- Saint Joseph's College
- University of Illinois
- Eastern Illinois University

For Pitchers Only

Tentative Itinerary for January 23

8:00am-8:50am- Registration
9:00am- Introductions, Overview
9:15am- Dynamic warm up
9:30am- Position play
(Instruction at primary position)
10:30am- Defensive evaluation and
Arm evaluation
11:00am- Offensive rotations
12:15pm- Closing

Tentative Itinerary for January 30

8:00am-8:50am- Registration
9:00am- Introductions, Overview
9:15am- Dynamic warm up
9:30am- Instructional Rotations
10:30am- Evaluation Rotations
12:15pm- Close

Cost: \$150 for one session

\$275 for both sessions

Presented by

PREP BASEBALL REPORT
ACADEMY

P: 847-281-9790

Prep Baseball Report Academy 4750 S. Vernon Ave. McCook, IL 60525

PROSPECT INSTRUCTIONAL CAMP

(PLEASE PRINT AND FILL OUT COMPLETELY)

PLAYER'S NAME: _____ PARENT'S NAME: _____

SCHOOL: _____ CLASS: _____

PRIMARY POSITION: _____ THROW: _____ BAT: _____ HEIGHT: _____ WEIGHT: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

*EMAIL (PRINT CLEARLY): _____

Allergies/Medications/Health Concerns, Etc.: _____

Insurance Company: _____ Policy #: _____

I hereby authorize The Prep Baseball Report to act for me in judgment in any emergency requiring medical attention. I hereby waive, release and indemnify ,The Prep Baseball Report, The Prep Baseball Report Academy, and the Max McCook Athletic Center of all legal responsibilities in the event of injury to my child. I know of no mental or physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical charges in connection with his/her attendance of the camp, before, during or while leaving any program. Please list any health or medical problems of registrant.

*WAIVER SIGNATURE (must be signed to participate) _____

Check Box for Session Choice

- POSITION PLAYER \$150
- PITCHER \$150
- BOTH \$275

**PLEASE MAKE CHECKS PAYABLE TO PREP BASEBALL REPORT
28427 N. BALLARD DR., UNIT A; LAKE FOREST, IL 60045**

CREDIT CARD

PLEASE CIRCLE CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME ON CARD: _____ CREDIT CARD # _____ EXPIRATION: _____

**PHONE NUMBER: 847.281.9790 // FAX: 847.281.9795
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